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ABSTRACT

The needs assessment literature has not systematically addressed the special problems involved in evaluating the mental health needs of children. In an attempt to provide a low-cost, comprehensive approach to assessing these needs, a multi-modal design, which sampled the impressions of parents and key informants, along with agency and government data, was designed. This needs assessment was subsequently conducted with 104 parents of children aged 0-18 years, and 100 professionals who had significant contact with children and adolescents in a rural-suburban county in northwestern Ohio. Parent interview data were collected on the prevalence of mental health problems in the county, service priorities, barriers to service utilization, resource utilization, behavior problems within the family, and demographic information. Professionals made judgments on service needs and priorities, barriers to service utilization, and services provided. An analysis of the results indicated that the multi-modal design was a useful approach, providing a valid picture of children's mental health needs. There was substantial convergence across data sources regarding important community problems and major planning priorities. The modal also yielded important information regarding system variables, such as interagency communication. Suggestions to increase the usefulness of the design include the use of multiple data sources, collaborative efforts, standardization of agency recordkeeping procedures, and standardization of the research instrument. (Author/BL)

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Special Problems in the Assessment of Children's Needs in the Community

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Abstract

The needs assessment literature has not systematically addressed the special problems involved in evaluating the mental health needs of children. This study sought to provide a low-cost, comprehensive aproach to asssessing these needs. The authors utilized a multi-modal design which sampled the impressions of parents and key informants, along with agency and government data, to provide convergent validity. This approach provided a broad sampling of children's ecology, while offering recognition of the developmental factors which influence the presentation of children's problems. The results indicated that this was a useful approach, providing a valid picture of children's mental health needs. It also yielded important information regarding system variables, such as interagency communication. Suggestions are offered for modifying procedures to increase the usefulness of the design developed here.

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We gratefully acknowledge the contribution of participating parents and agency personnel, as well as our volunteer interviewers. Local agencies were extremely helpful in providing us with data regarding service utilization. Finally, we would like to thank Ken Pargament for thoughtfully reviewing an early draft of this paper.

Research tools such as needs assessments have established themselves as effective means of determining planning criteria for the mental health system. Nonetheless, the literature describes a number of impediments which often prevent data-based strategies like these from facilitating a rational allocation of resources. Political constraints (e.g., organizational inertia) may block implementation of data-based recommendations. In addition, agencies and mental health boards may be unwilling or unable to properly utilize research data. Agencies may reject results inconsistent with current service delivery patterns or seek out alternative sources of data (Wutcheitt, Egan, Kohaut, Markman, & Pargament, 1984). Another problem is the failure to appropriately apply research methods. For example, needs assessment methodology may be applied in situations where a program evaluation might be more in order, such as in the case of a full, developed mental health agency with stable funding and programming (Hargreaves, Attkisson, & Sorensen, 1979). Another example of inappropriate application of methodology is the failure to properly fit research methods to the special considerations germane to certain populations such as children, the elderly, or the handicapped.

The development of assessment approaches which adequately sample the needs of one particular special population, children, is the focus of this study. A cursory examination of the needs assessment literature indicated

that models of research for this and other special populations were absent from recent publications. Yet there are salient characteristics of various populations such as children which demand particular attention in developing useful research.

The focus of this study was the development of a low-cost, comprehensive research design which would adequately assess the mental health needs of children in a rural-suburban area. The most recent needs assessment for children had been a key informant survey conducted in 1974 (descibed in Blass, Donnelly, Jenkins, Myers, & Ullman, 1983). This led to the development of a center for children's mental health services. However, local providers of services for children felt that up-to-date information was needed to assist the local mental health board in determining long-term funding priorities. Although a general needs assessment was under way, it included only a few questions addressing the needs of children.

In developing this study, children's needs were identified as having a number of distinctive attributes that warranted particular consideration.

1.) Developmental factors create significant differences across ages in children's needs. Consequently, there are age differences in reasons for referral and services utilized. For example, adolescents are frequently referred for substance abuse problems, while toddlers are not. Sensory-motor development is a more significant

referral question for pre-schoolers than for older children, while school age children are likely to be referred for academic problems, and adolescents are often seen for conduct problems (Knopf, 1979). Thus, a needs assessment must sample a breadth of problems and services to adequately reflect the range of needs across infancy, childhood, and adolescence.

2.) Children typically do not refer themselves for evaluation or treatment by the the mental health system (Schroeder, 1979). Instead, they are usually referred by parents or professionals such as teachers, pediatricians, welfare caseworkers, or probation officers. Relatedly, children often cannot articulate their needs, or face opposition from parents if they do. Consequently, these factors make it necessary to sample parents and professionals, rather than the children themselves, regarding mental health needs. Ideally, both parents and professionals should be sampled since the two groups may differ as to what needs are important. The need for a variety of informants also follows from the often substantial variation in children's behavior across settings. Barkley (1982), for example, notes that hyperactive children's behavior may become more disruptive in certain settings due to enviromental demands. In this case the need to sit still and pay attention may make a hyperactive child's behavior more disruptive, and hence more of a management problem at school than in the home.

3.) Children often receive mental health services outside of the traditional clinic setting. Academic, sensory, and certain behavior problems are often treated in the public school rather than by a mental health agency. Pediatricians are often the persons initially consulted about behavioral or developmental questions (Clarke-Stewart, 1978; Schroeder, 1979). Welfare departments are often involved in managing home environments and instruct parents in child rearing techniques. School personnel and human service agencies such as these are also important sources of referral to the mental health system. Thus, it is necessary to sample a wide variety of service providers both within and outside the mental health system.

4.) Existing diagnostic taxonomies are more poorly developed for children than for adults. Until the advent of the Diagnostic and Statistical Manual, Third Edition (DSM-III) (American Psychiatric Association, 1980), children's problems were sparsely represented in the accepted psychiatric diagnostic system. Even DSM-III, however, seems to have notable drawbacks with respect to children. Diagnostic classifications have been identified as face valid, at best, by Wenar (1983). Inter-rater reliability in field trials was lower for children than adults in several categories, and lower overall in the most recent trial (American Psychiatric Association, 1980). Given the drawbacks of the existing diagnostic criteria, it is probably more advisable to use

relatively behavioral descriptions of need rather than diagnostic labels. Thus, one might label an item "problems with the law", rather than conduct disorder. The use of readily understood terms to describe needs is particularly important when parents or practioners from outside the mental health system are included as informants.

5.) Epidemiological data for children's problems tend to be limited. The authors' review of government statistics indicated that incidence data tends to be limited to a few discrete areas such as physical abuse and suicide, while up to date prevalence data based upon national samples is generally unobtainable. This situation may, to some extent, reflect the present state of diagnosis described in #4. Therefore, incidence and prevalence data must be generated locally. Parents are possible sources of prevalence data regarding children's behavioral and emotional difficulties. The incidence of learning problems can be obtained from the schools (e.g., special education enrollments, new Individual Education Programs written in a single year). Public records might provide information about the number of families at risk for particular problems (e.g., enrollment in federal assistance programs like Aid to Families with Dependent Children, birth statistics for teenage mothers).

Evident from the considerations just discussed is the necessity of devising a research design encompassing a number of different methods of data collection: key informant, social indicator, and epidemiological (Hagedorn, Beck, Neubert, & Weilen, 1979). This multi-modal approach was seen as a useful means of achieving convergent validity for data-based recommendations. More specifically, it was decided that this study would: sample a range of children's needs encompassing infancy, childhood, and adolescence; define children's needs in generic terms; sample a parents and practioners from a wide variety of professions as informants; and include locally generated incidence and prevalence data.

Method

The needs assessment was conducted in a rural-suburban county in northwestern Ohio. Two populations were sampled in this study: 1) parents of children aged 0-18 years, and 2) professionals who have significant contact with infants, children, and/or adolescents.

Participants

The parent sample was stratified according to geographic areas of of high, moderate, and low risk for mental health problems (constructed on the basis of social indicator data from the 1970 census) within the county. The lack of a complete listing of addresses of county residents necessitated the use of a modified two-stage cluster

sampling procedure. Incorporated towns for which there were also maps available and rural addresses comprised the first cluster. Six towns from each risk area and two county roads were randomly selected. Three addresses on the county roads were randomly selected; streets from towns were also randomly selected. A maximum of three interviews were conducted on each street and no more than five interviews per town. Alternate addresses and streets were also provided.

A total of 104 parents were included in the survey: 34 parents from both the high and low risk areas (33%) and 36 parents from the moderate risk area (35%). Sixty-seven mothers (64%) and 37 fathers (36%) participated in the interview. Children were almost equally represented in each age category: 30% were 0-5 years, 36% were 6-12 years, and 34% were 13-18 years.

Key informants were identified as those having significant contact with children and families in their work within the county. A total of 313 individuals were contacted, including mental health and social service agency personnel; school administrators and support staff; pediatricians, general practioners, and dentists; clergy; county health department officials; legal personnel (police chiefs and juvenile court); and childcare providers (daycare, preschool, nursery school). On the basis of the low response rates for clergy and physicians in a recent local mental health survey (Kausch, Pargament, Hulse, &

Jenkins, 1983), an effort was made to disproportionately sample these groups. The response rate for the key informants was 32% (100 questionnaires).

Procedure

Parent Interview. Interviews were conducted in the interviewee's home by teams of two interviewers. The interviewers were college students recruited from upper-division psychology and social work courses. They received course credit for participating in this project. The interviewers were trained by the principal investigators, using an interviewing guide published by the Survey Research Center (1976). Interviewers also received training in interviewing special populations and were given practice assignments in administering the interview. All interviewers had to successfully conduct a mock interview with one of the principal investigators before they could begin the actual interviews. Once training was completed, the interviewers worked under the direct supervision of the director of volunteer services of the children's mental health agency and the executive director of the same agency. The principal investigators were also available for additional consultation.

Interviewers approached potential participants by first explaining the purpose of the survey. An individual's eligibility for participation in the survey (parent or guardian with at least one child aged 18 years or younger

living at home) was then determined. Interviewees were offered $5.00 for their participation in the needs assessment; only 72% accepted the payment.

Key Informants. Surveys were mailed to 313 key informants. A postcard was sent approximately 10 days after the initial mailing as a reminder to complete the questionnaire. In addition, a subset of 13 key informants were contacted for follow-up interviews. This group represented each of the major categories of key informants that were surveyed. The interviews were used to clarify responses on the questionnaires and to obtain additional information about service needs and resources for children. Key informants were asked about interagency relationships, ideas for prevention programs, and the relevance of the needs assessment to their agency's future services for children.

Instruments

Parent Interview. Items for the questionnaire were based, in part, on a children's needs assessment conducted in the same area in 1974. Other items were developed in consultation with a multidisciplinary team of service providers and laypeople who served on the program committee of the local children's mental health service agency. The surveys were pretested by having each interviewer administer a survey to a parent during training. Problems with readability, ambiguous wording, and coding responses were

resolved at that time.

The interview obtained parents' perceptions and reports on the following areas:

1. The prevalence of child/family problems in the county. Parents were asked to indicate the number of families (from "none" to "most" on a five point scale) who experienced each of nineteen common child/family problems (e.g., adolescent pregnancy, teenage substance abuse, and parents who have trouble managing their children's behavior).

2. Priorities for mental health services for children and families. Parents were asked to select the top three problems requiring the attention of the mental health system. Parents could select from the list of nineteen problems read above or suggest alternative priorities.

3. Barriers to service utilization. Parents were asked to indicate their agreement (from "strongly agree" to "strongly disagree" on a four point scale) with a series of statements regarding barriers to mental health service utilization. These statements were developed to reflect attitudinal barriers (e.g., "I feel that mental health agencies really do understand the daily problems that people have to deal with") and tangible barriers (e.g., "I feel it is too difficult to get transportation to such agencies").

4. Utilization of community resources for child/family problems. Parents were asked to identify those community resources they had used in the past year for help with the emotional or behavioral problems of their children. These resources included a variety of human service professionals, as well as clergy, physicians, relatives, and friends.

5. Type and severity of child behavior problems within the family. Parents rated the severity (from "not a problem" to "very serious problem" on a four point scale) of 29 different emotional and behavioral problems experienced by their children. Up to two children were randomly selected to be rated by the parent. Examples of the problems include fighting or hitting, bedwetting, substance abuse, and withdrawn or lonely.

6. Deomgraphic information. Interviwees provided information regarding their educational, occupational, and marital status, income, age, housing and their spouse.

Key Informant Survey. The key informant survey was developed to provide parallel information to the parent interview as well as a comparison to the 1974 children's needs assessment (discussed in Blass, et al., 1983). Key informants were asked to make judgments about the following:

1. Need for services relative to specific child mental health problems. Key informants were asked to indicate the degree to which current services were meeting the needs of each of 28 child/family problems. These problems were

essentially identical to the problems parents rated among their own children in the interview. Respondents indicated whether current services were adequate or additional services were needed. Key informants could also indicate that they did not know or that the problem listed was not a problem in the County.

2. Priorities for mental health services for children and families. key informants indicated the three child/family mental health problems they was as priorities for future mental health program planning. Priorities were listed separately for three age groups: 0-5 years, 6-12 years, and 13-18 years.

3. Need for services. Key informants reported the degree to which the need for 17 different services was being met (from "met all the time" to "not at all" on a five point scale). Key informants were to respond separately for the three age groups listed above.

4. Barriers to service utilization. Key informants were asked to indicate their agreement (from "strongly agree" to "strongly disagree" on a four point scale) regarding 13 potential barriers to mental health service utilization. These items were identical to those used in the parent interview.

Key informants were also asked for information regarding the type of services provided and the demographic characteristics of their clientele. Finally, respondents indicated whether they had made any referrals to a county mental health agency within the past year.

Results

Results will be treated here in brief, since the major foci of this paper are research methodology and design (results detailed in Blass, et al., 1983). Generally, there was substantial agreement across data sources in terms of perceived community problems and perceived planning priorities. In addition, important data about the system for delivering mental health services was obtained.

The parent sample appeared representative of the County at-large. The percentages of subjects falling into various racial/ethnic and income groups, as well as the percentage unemployed were comparable to county-wide figures from the 1980 U.S. Census. High, moderate, and low risk area parents differed in expected patterns on the variables of marital status, education, occupation, and income.

The five problems identified most often by parents as affecting "many" or "most" families in their community were: marital problems affecting children (58%), problems with separation and divorce (56%), child/adolescent substance abuse (55%), parents who cannot control their children (55%), and school behavior problems (52%). Similarly, the

child mental health problems seen as most needing further attention included: child abuse/neglect (50%), child/adolescent substance abuse (48%), marital problems affecting children (26%), problems associated with divorce or separation (24%), and children who are unsupervised (21%). The behaviors most often seen as "serious" or "very serious" in respondents' own children included: sibling arguments (23%), conduct problems (several categories, each endorsed by 12-20% of the sample), poor concentration (13%), hyperactivity (10%), and excessive anxiety (10%). High risk area parents and mental health agency users reported disproportionately more problems were "serious" or "very serious" than did other parents. Boys comprised the major proportion of children with serious or very serious problems for all areas except excessive anxiety, a pattern consistent with other epidemiological studies (e.g., Monk & Lapousse, 1959).

Parents most frequently identified family (66%), friends (54%), school personnel (44%), and physicians (34%) as persons they had consulted about a behavioral or emotional problem in one or more of their children. Parents identified "personal" (e.g., problems not being serious enough) rather than "tangible" (e.g., cost, transportation) factors as barriers to their use of mental health services.

Key informants identified the following as the major problems warranting further attention as planning priorities: child abuse/neglect (72% for preschool age, 49% for school age, and 23% for adolescents),and substance abuse (59% for adolescents, 26% for school age). Other priority problems were more age specific: sexual behavior problems (30%), teen pregnancy (21%), and legal problems (16%) were prominent adolescent concerns; "latch key" children (28%), family separation/divorce (25%), and parents who cannot control their children (14%) were prominent concerns for school age children; and parenting problems (28%), family separation/divorce (25%), and parents unable to control their children (22%) were prominent concerns for pre-schoolers. Although key informants seemed able to make developmental distinctions on these problems, they tended to provide identical responses across age groups on some other problems (e.g., residential placement). It was difficult to ascertain whether this reflected a pervasive need or an inability to make distinctions across age groups for such problems.

Fourteen of the twenty-eight listed problems were seen by 50% or more of the sample as needing additional services. These included "latch key" children, parents who cannot control their children, family violence, sexual behavior, divorce/separation/remarriage, adjustment to parents' physical/mental problems, and child abuse/neglect. It was evident that planning priorities reflected deficient areas

of service, although certain problems such as child abuse/neglect stood out as being particularly serious concerns.

Key informants left blank questions regarding the need for specific services about 15% of the time, while "don't know" responses were recorded about 20-25% of the time. As expected, this apparent lack of knowledge about mental health services was greatest outside the mental health system. Even so, approximately one-half of the sample indicated that supervision of children, long-term residential treatment, and visting mental health personnel were insufficient in the County. Services identified as insufficient by 36-42% of the sample included: prevention, education/information, and early intervention. Interview comments indicated that inter-agency coordination was deficient, and that several gaps existed in the present human service delivery system (e.g., shelters for runaways or battered family members).

Key informants identified a variety of "personal" (e.g., problem severity) and "tangible" (e.g., cost, transportation) factors as major barriers to service. It is notable that parents, in contrast, had focused primarily on "personal" factors as barriers.

Agency data revealed steady increases in the use of mental health services for children. Similarly, an increasing proportion of public school children were

enrolled in special education programs. Agency data and census data also indicated steady increases in high risk populations (teenage mothers, public assistance recipients, unemployed, single parent households, ethnic/racial minorities). This appeared to indicate globally increasing pressure for additional mental health services, as well as the need to further examine the needs of certain specific groups (e.g., teenage mothers).

Discussion

The results seem to indicate that the multi-modal design used here was successful in generating valid data regarding children's mental health needs. There was substantial convergence across data sources regarding important community problems and major planning priorities, reflecting a broad base of support for the study's recommendations. This may account for the local mental health board's subsequent inclusion of four major children's needs in its set of long-term funding priorities. Indeed, three of the four top long-term priorities established by the local mental health board were children's problems (i.e., child abuse, teenage substance abuse, and marital/family problems). In addition, a special task force was created to further develop long-term planning for children's mental health needs.

Important information came from divergence, as well as convergence among data sources. For example, parents and key informants differed substantially in their identification of barriers to service. Parents generally did not see tangible factors (e.g., agency hours, expense) as important as personal factors (e.g., feeling their problems were not serious enough). Key informants, on the other hand, cited a variety of personal and tangible factors as important. These data may indicate that human service providers are misreading the public's perception of mental health services.

The use of multiple data sources also provided useful information regading "system variables". For example, questionnaire and interview data indicated that the pediatricians who responded were very unfamiliar with available mental health services, even though parent interviews indicated that they were a frequently used source of information regarding behavioral or emotional problems. Thus, it became apparent that pediatricians were in need of intensive education regarding available services and mechanisms for referral.

The examination of both "problem" and "service" needs provided insight into the kinds of changes needed in the service delivery system. Although existing direct services were seen as somewhat insufficient, the results indicated that key informants felt that changes in service delivery should also focus on areas outside of traditional direct

service. An emphasis on prevention, early intervention, and infomation/education seemed particularly important in light of the probable increase in child abuse/neglect and substance abuse cases. The potential inability to meet the demand for these services for these problems, even through increased manpower, suggested the need for alternatives to direct service. Additionally, these problems were seen as generally very refractory by the time traditional services (e.g., psychotherapy) received implementation. Evidence from a pilot outreach program on adolescent substance abuse indicated that many uncounted cases of teenage alcoholism existed in the County. Waiting for those individuals to seek help or be referred was not seen as the most effective or most efficient means for addressing the problem.

In approaching these priority needs, it was also apparent that intervention was needed to enhance interagency relationships and make treatment strategies more cost-effective. Child abuse cases, for example, often mean multi-agency involvement which consequently leads to the expense of the professional time of several different service providers. Further, multi-agency cases involve not only the cost of direct service, but also the cost of case management and other indirect services (e.g., court appearences).

The study's apparent success in establishing the importance of children's needs in the mental health system may be related to efforts by the authors to enlist service providers as collaborators. It was believed that representation was necessary from all agencies, since at least some services to children and adolescents were provided by each. Clinical directors or chief administrators of all mental health agencies were included as key informants. In addition, the authors shared preliminary results of the study with this group at a special meeting also attended by members of the mental health board. The service providers were later followed up by phone to gather their impressions about the data and solicit recommendations, which were incorporated in the final report. It was believed, too, that this process enhanced the probability of agency utilization of the data.

Although this study appears successful in obtaining valid findings and providing recommendations which were subsequently accepted by the local planning apparatus, there are some cautions to be recognized. First, media activities during the time of the study were highlighting the importance of child abuse and substance abuse, possibly inflating the attention given these problems in the parent and key informant samples.

Second, the response to the key informant questionnaire was somewhat below expectations. Both the response rate and the frequent appearence of blanket responding, combined with comments that the questionnaire seemed too long indicated that the format might have contributed to the low response rate. Future needs assessments might pursue one of a number of alternatives to promote higher rates of response. For example, lessening the number of problem and service categories, or incorporating age ranges into the particular service or problem categories might make the survey seem less demanding. Another alternative might be the use of phone interviews, a strategy which provided Pargament, Kausch and Vickio (1983) with a somewhat higher response rate (62 %) in a similar key informant sample. Interviews may also make it easier to approach informants who are less accustomed to lengthy questionnaires. Thus, this methodology may facilitate greater inclusion of direct care personnel (e.g., teachers, pediatric hospital nurses). An additional improvement would be the inclusion of natural helpers (e.g., playground supervisors) and natural "observers" of children (e.g., video arcade operators),whose impressions might be useful supplements to data from professionals.

Finally, utilization figures for local agencies were often affected by changes in program eligibility, funding, or changes in data collection procedures. It is important to recognize how these problems can limit inferences about

projected need for services. Thus, this study pointed out the need for standardized reporting of utilization of services. In many cases, though, indications of increasing need were apparent despite the varied reporting procedures. In this situation, it was invaluable to have collected information from a variety of sources in order to clarify and provide evidence for priorities.

Conclusions

The study outlined here appears to have been largely successful in providing a low cost, comprehensive framework for assessing the mental health needs of children. Several aspects of the study seem particularly salient for the development of future studies of this type. These include the use of multiple data sources and the implementation of collaborative strategies in the development and conduct of the study. In addition, it became apparent that increased use of standardized procedures for recordkeeping in agencies should be increased. Similarly, needs assessment research would benefit from the employment of standardized research instruments.

1.) Pivotal in this study was the use of multiple data sources (parents, key informants, agencies, governmental data) and multiple data collection methods (paper and pencil questionnaires, interviews). Convergence among data sources provided a convincing rationale for the study's recommendations. Areas of divergence facilitated examination of system variables and provided a means for

pinpointing specific areas of need (e.g., the need to educate pediatricians and other professionals about the mental health system). Multiple data sources also made it possible to overcome the deficiencies inherent in any single source. For example, agency data indicated a steady rise in the number of child abuse cases, predating the advent of media activities which may have influencd the opinions of parents and key informants on this problem.

The use of multiple data scurces seems particularly important in attempting to accurately assess the needs of children. The considerable cross-situational variability of children's behavior, combined with the variety of settings which offer treatment to children makes it imperative that a broad range of professionals be sampled, in addition to a sample of parents. A full sampling of a child's ecology is particularly important since children typically do not present themselves for treatment. The lack of large-scale epidemiological studies of children's mental health problems necessitates securing this type of data locally. Both parents (for prevelance data) and agencies (for prevelance and incidence data) are logical sources of such data.

Related to the use of multiple data sources is the employment of multiple data collection methods. In this study, interviews with selected key informants proved to be a useful adjunct to questionnaire data. The

interviews provided information about system variables (e.g., inter agency cooperation) and service utilization which was useful in formulating recommendations. Further, key informant interviews contributed useful feedback about questionnaire materials which had been used.

2.) A collaborative focus was evident in several aspects of this study providing a variety of benefits. The enlistment of students provides an instructive example. Undergraduate students were able to gain class credit and useful training, while aiding the investigators as a low cost source of readily trained interviewers. Graduate students were able to gain funding, and valuable training as co-investigators, while contributing knowledge in areas such as data analysis and scale construction to the study. This fostering of reciprocal, mutually enhancing relationships provides an example of how the resource collaboration model proposed by Tyler, Pargament, and Gatz (1983) can be applied to research.

The solicitation of feedback (regarding results) and input (regarding recommendations) from service providers illustrates another profitable use of collaboration. The authors believe that this increased the probability that service providers would make use of the study data and recommendations. One might extend this approach further by involving service providers at additional points in a study's development (e.g., in selecting scale items or

pretesting questionnaires).

3.) Investigation of agency data indicated a striking lack of standardization in agency recordkeeping procedures. Similar agencies frequently used different criteria for measuring utilization, while within a single agency, data recording criteria often changed from year to year.

Standardization of research instruments is also an issue which should be addressed in needs assessment research. Although needs assessemnts are a frequently used research tool (Wutchiett, et al., 1984), and several general models for needs assessment have been advanced (Hagedorn, et al., 1979; Hargreaves, et al, 1979; Warheit, Bell, & Schwab, 1974), there are few standardized needs assessment instruments, and none specifically concerned with children. A similar problem has been noted in other kinds of evaluation research such as client satisfaction surveys (Lebow, 1983). The authors are now conducting additional research on the instruments used here to examine their psychometric qualities and refine them for further use.

References

American Psychiatric Association (1980) Diagnostic and statistical manual of mental disorders, (3rd. ed.). Washington, D.C.: Author.

Barkley, R.A. (1982) Hyperactivity. New York: Guilford Press.

Blass, E., Donnelly, W.O., Jenkins, R.A., Myers, J.G., & Ullman, D.G. (1983) Wood County children's needs assessment: 1983. Unpublished manuscript, Bowling Green State University.

Clarke-Stewart, K.A. (1978) Popular primers for parents. American Psychologist, 33, 359-369.

Hagedorn, H.J., Beck, K.J., Neubert, S.F., & Werlin, S.H. A working manual of simple program evaluation techniques for community mental health centers. Rockville, MD: NIMH.

Hargreaves, R.G., Attkisson, C.C., & Sorensen, J.L. (1979) Resource materials for community mental health center program evaluation. Rockville, MD: NIMH.

Kausch, D.F., Pargament, K.I., Hulse, C.K., & Jenkins, R.A. (1983) Assessment survey: Wood County Mental Health Center. Unpublished manuscript, Bowling Green State University Psychological Services Center.

Knopf, I. J. (1979) Childhood psychopathology: A developmental approach, Englewood Cliffs, N.J.: Prentice-Hall.

Lapouse, R. & Monk, M.A. (1959) Fears and worries in a representative sample of children. American Journal of Orthopsychiatry, 29, 803-818.

Pargament, K.I., Kausch, D.F., & Vickio, C. (1983) Key informant mental health needs assessment: Wood County, Ohio Unpublished manuscript, Bowling Green State University Psychological Services Center.

Schroeder, C.S. (1979) Psychologists in a private pediatric practice. Journal of Pediatric Psychology, 4, 5-18.

Survey Research Center (1976) Interviewer's manual (revised ed.) Ann Arbor, MI: Institute for Social Research.

Wenar, C. (1982) Psychopathology from infancy through adolescence, New York: Random House.

Warheit, G., Bell, R., & Schwab, J. (1974) Planning for change: Needs assessment approaches. Rockville, MD: NIMH

Wutcheitt, R., Egan, D., Kohaut, S., Markman, H.J., & Pargament, K.I. (1984) Assessing the need for a needs assessment. Journal of Community Psychology, 12, 53-60.